Family Violence in Aboriginal Communities

A First Nations Report

By Sharlene Frank
March 1992

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March 2, 1992

Honourable Penny Priddy
Minister of Women's Equality
Parliament Buildings
Victoria, British Columbia
V8V 1X4

Dear Madam Minister:

I am pleased to submit, for your consideration, my report and recommendations entitled "Family Violence in Aboriginal Communities, A First Nations Report".

Sincerely,

Sharlene Frank

Sharlene Frank

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A. Background to the Report

This report is a minority report in order to provide a clear message about family violence within the aboriginal community.

An essential starting point is recognizing aboriginal people as members of First Nations with an inherent right to self-government. It is with this perspective that I offer my chapter and recommendations. While the Task Force members as a whole attempted to respect the position of aboriginal people, there was a gap in understanding. Prior to resigning as a Task Force member, I had no guarantee that principles of community control would be respected. To me, it was more than a question of where to place the recommendations; aboriginal people were included within the general recommendations developed by the Task Force. This, I regarded as speaking on behalf of First Nations people.

The Task Force endorses the principle of community control, but more work needs to be done in acknowledging the authority of aboriginal people as members of First Nations. For example, recommendations are not couched in recognition of existing aboriginal and treaty rights. Further, recommendations are made on our behalf, involving, for example, a structure for implementing the Task Force recommendations.

Many aboriginal individuals and communities may agree with the Task Force recommendations either in whole or in part; others may not. The point is that including aboriginal people in the body of recommendations, without proper consultation and consent to these recommendations, takes away from community control or self-determination.

While it may be appropriate to profile issues affecting aboriginal people, First Nation communities must be provided an opportunity to address these critical issues in a manner consistent with their needs, priorities, and aspirations. Undoubtedly many aboriginal individuals and communities are working in partnerships with non-aboriginal organizations to deal with family violence issues. This report is not intended to detract from these working relationships, but rather, to promote greater understanding of aboriginal issues on family violence.

It was with an intent to promote understanding that I provided a copy of my work to the Task Force. These issues are complex, and it is essential that:

> *Challenging the community to change involves challenging yourself as a worker to see things from another point of view. . .*
> – Lisa Allgaier, Family Violence in Native Communities, Kamloops Band, submission to the Task Force on Family Violence

B. Introduction: Communities in Need of Healing

Healing of a community includes healing for all its members. Abuse has touched the lives of an extremely high proportion of aboriginal people, and persons of all ages are affected by it.
– R. Kiyoshk, "Beyond Violence," Helping Spirit Lodge, 1990

Before anyone says that the traditional ways are weak and of no relevance today, it must be understood that it is precisely the traditional knowledge and philosophies which have sustained a strong core of native leadership in spite of the adversities of the past one hundred years.
– Nuu-chah-nulth Health Board Submission to Royal Commission on Health

Family violence is an undisputed reality in First Nation communities. The reasons are rooted in the colonization of First Nation peoples which have displaced them in the economic, social, and political structures of society. Aboriginal people face critical socio-economic disparities.

Despite the common problems faced due to colonization practices, aboriginal communities vary in their needs, customs, and aspirations. One constant theme is recognition of First Nations' inherent authority and aspirations for community control – communities deciding on their own solutions and priorities. Community control emphasizes community members having greater choices over the direction and quality of their lives.

The report seeks to establish the seriousness of the problem of family violence in aboriginal communities. Equally important, the report recognizes how the community context is different from mainstream society and thus how the route to creating solutions in aboriginal communities may differ.

Dealing with family violence involves more than the removal of dysfunctional behaviour. Fundamentally, it involves the building of healthy relationships within families and communities. The question is: How do we as individuals, members of families and members of communities define our relationships with each other to achieve and maintain healthy family units?

C. Resources and Approach

The information contained in this report is based on two types of sources: presentations made to the Task Force on Family Violence and to the Royal Commission on Health Care and Costs. Extensive reference is given secondly to other studies, reports and First Nation discussion papers on issues relevant to family violence.

Factors such as the questionnaire method constrain the outcome of this report. These limitations have had a bearing on being able to conduct meaningful consultations with aboriginal people. There are also expressed concerns by aboriginal people with Task Forces and Commissions, since many studies and reports in the past have not been acted upon.

Several issues are not discussed in this report, including those which may be specific to the elderly, youth and children, the disabled, the Metis, and those living in rural and isolated communities. Broad themes are raised which are identified as impacting on individuals and communities in dealing with family violence. General direction is outlined for steps toward communities taking action. The issues are presented in a manner to lend a voice and support to what First Nations have been repeating as concerns in dealing with such problems as family violence.

This report consciously employs the designation 'aboriginal' when referring to First Nations people regardless of status or residency on or off reserve. The terminology is consistent with section 35 of *the Constitution Act,* which refers to the "Indian, Inuit and Metis" peoples as comprising the aboriginal peoples of Canada.

D. Understanding the Unique Position of Aboriginal People in Society

Long before the arrival of settlers, aboriginal people inhabited the lands as Nations with their own systems of government. With the advent of colonization, First Nations' people were termed "Indians" and essentially were made wards of the federal government.

Upon confederation, the federal government assumed responsibility for "Indians and lands reserved for Indians" under s. 91(24) of the *Constitution Act, 1867.* Federal legislation known as the *Indian Act* was passed in 1876, which to this day regulates many aspects of aboriginal peoples' lives.

Existing aboriginal and treaty rights are recognized and affirmed under section 35(1) of the *Constitution Act, 1982*. The First Nations, Canada, and the Province, have entered into a new relationship. The Province has recognized the political legitimacy of aboriginal title and an inherent right to self-government, and is committed to seeking a just and honourable settlement of the land question.

As well as aboriginal and treaty rights, history, legislation, and the constitution, aboriginal people are unique in terms of cultural diversities. There are 196 'Bands' (as defined under the *Indian Act*), members of whom reside off and on reserves. Communities may share similarities in a range of ways, but they are also different in circumstances, customs, needs, and aspirations.

E. A Description of Violence in Aboriginal Communities

The overall environment in which aboriginal people live is characterized by significant socio-economic problems. Individuals and communities have suffered, and continue to suffer, many losses. Some of these include: loss of land, early childhood separation through residential schools, and loss of family members through violent deaths (Agenda for First Nations and Inuit Mental Health, Medical Services, 1991).

Some family violence problems are receiving greater attention: child sexual abuse, wife assault, and adult survivors of sexual abuse. However, developing the parameters of definitions for family violence may be problematic. For example, if a child has lived through a controlling environment such as a residential school, he or she may come to learn that various abusive attitudes and behaviours are "normal."

As adults or elders, individuals may feel that they do not have an avenue for voicing concerns or that what they experience is labelled as family violence, particularly in areas of emotional and mental abuse. Therefore, the experience may not be captured in the survey or statistic.

According to one social worker, violence is a pervasive issue:

> *Family violence is something that goes on – spills over the whole community. To me, it is not the amount or type – it is violence whether children fight in schools etc. or teenagers . . . it goes beyond spousal abuse or neglect of elders.*
> – Indian and Inuit Nurses of Canada, *National Family Violence Abuse Study/Evaluation, 1991).*

Indirect indicators of family violence are sometimes cited which include suicide rates and alcohol and substance abuse. A needs assessment conducted by the Ministry of Labour and Consumer Services, Alcohol and Drug Programs, ". . . found that alcohol abuse was common in 93 percent of Native communities and drug abuse common in 81 percent. In Vancouver, 40 percent of the registered users of the needle exchange program are Native" ("Native Health," Report, *Closer to Home,* B.C. Royal Commission on Health Care and Costs).

From the ages between 10 and 29 years, aboriginal people who are registered as status are reported to be five to six times more at risk from death by suicide than those of the same age in the total Canadian population (*Agenda for First Nations and Inuit Mental Health,* 1991). The report further explains that males between the ages of 20 to 29 years are at greatest risk for suicide (142.2 per 100,000, as compared to 30.7 in the total Canadian population).

Suicide, alcoholism and substance abuse, are critical issues and indicators of problems affecting families. The Indian and Inuit Nurses of Canada's report, quoting a special advisor to the Minister of Health and Welfare, concludes:

> *The chances for an aboriginal child to grow into adulthood without a first-hand experience of abuse, alcoholism or violence are small . . . The tragic reality is that many aboriginal people have been victimized . . .*

Available data may provide useful insights into abusive behaviours that are receiving attention, such as wife assault or sexual abuse. It is important to understand that the data may not capture the whole picture of family violence within aboriginal communities. This is also evident given that there are few statistics on elder abuse. When addressing issues of family violence it may be beneficial if definitions were developed gathering information from individual experiences.

Aboriginal Women and Violence

Given the pervasiveness of violence in aboriginal communities, it is clear that the position of women must not be viewed in isolation from those communities.

A study reviewed in the Aboriginal Justice Inquiry of Manitoba found that one out of three aboriginal women is abused by her partner, compared to the national figure of between one in ten and one in eight for Canadian women.

A report by the Ontario Native Women's Association reveals that 80% of the aboriginal women surveyed had personally experienced family violence.

In B.C., the *Beyond Violence* report by Helping Spirit Lodge indicates that "86% of respondents experienced or witnessed family violence." The report, based on a survey in Vancouver, also states that women and children are most often regarded by those surveyed as the abused (83% of the respondents indicated their belief that it was most often the wife who was abused).

A national study by the Indian and Inuit Nurses Association of Canada, entitled *National Family Violence Abuse Study/Evaluation,* states that aboriginal women and children who are under 15 years are most often abused. Further, approximately 40% of the people surveyed identified all family members as suffering from abuse. It should be noted that it is unclear whether the respondents are mainly reporting on urban communities.

The available data is certainly not comprehensive in characterizing wife assault in all aboriginal communities in the province, but it does provide some understanding of the problem. Like mainstream society, aboriginal women in intimate relationships are likely to be ones who most often experience the abuse.

F. Contributing Factors

The study by the Indian and Inuit Nurses of Canada identifies three leading contributing factors to family violence: alcohol and substance abuse, economic problems and second or third generation abusers. The third factor refers to violence as learned behaviour that is passed down through generations.

Other factors noted in the Association's review include: low self-esteem; residential school up-bringing; loss of traditional values; overcrowded housing, and other personal and environmental stresses. A report to the Royal Commission on Health Care and Costs states:

> *It is estimated that the combination of substance abuse and family violence is far higher in native communities, 85% to 95%. We are still at the stage of exploration and discovery in regard to the relationship between the two.*
> – Tl'azt'en Nations

In order to understand the contributing factors, it is necessary to place family violence in a historical context. Aboriginal people emphasize that family violence is not a tradition. Rather, family violence has become a problem following impacts of colonization. For over a century First Nations have been subject to a policy of assimilation, which had as its goal the eradication of aboriginal people as distinct peoples. They were erroneously seen in need of protection and civilization.

Examples of assimilative practice include: establishment of reserves; development of an *Indian Act,* delineation of aboriginal people into different categories of rights, 'scooping of children' (child welfare practices), creation of Band Councils; banning of potlatches, and establishment of residential schools. Colonization also impacted upon, or eroded traditional economies.

Colonization practices have devastating and long term impacts, the destructive influence of which should not be underestimated. Aboriginal people as a group live in the worst socio-economic conditions of the country (*Agenda for First Nations and Inuit Mental Health,* 1991).

Educational and employment rates are low, while crime, family violence, poverty, substance abuse, and suicide, are disproportionately high. Many individuals and communities function in pain.

The pain experienced is then often misunderstood and pervades relationships between First Nations' people and government and society in general. For example, the behaviours may be labelled and individualized, e.g., "drunken Indian," and ways then sought to correct the 'inadequacies of the person,' instead of looking at the larger problems underlying the behaviours.

The effects of the residential school system have been repeatedly cited as important to understanding family violence issues. The Nuu-chah-nulth Health Board explains:

> *(Children) were placed in institutions which were at best a poor substitute for the home and at worst brutal places where the children were subject to physical and, all too often, sexual abuse. It is no surprise that many of these children for several generations grew-up without the skills necessary to look after their own children.*

Social and health problems, including family violence, are inter-related, and they are regarded as part of a larger problem:

First Nations and Inuit consider health to be a profoundly political issue and that the present state of ill-health among First Nation peoples and Inuit is a reflection of their placement in the social and political structure of Canadian society.
– **Agenda for First Nations and Inuit Mental Health, 1991**

Changes for First Nations are linked to structural changes in which First Nations are empowered to determine their own future, and where there is an emphasis on adequate infrastructure, economic development, and education (*Agenda for First Nations and Inuit Mental Health,* 1991).

G. Focus of the Issues

It is often stated in available studies that aboriginal women and children are most often the abused. In discussing the problems of family violence, aboriginal people emphasize seeing the problem from a community perspective.

Within aboriginal communities there is emphasis placed on kinship and the extended family. The family is the basis of the community. The Nuu-chah-nulth Health Board provides this sense of family in explaining that each Nuu-chah-nulth person exists within a kinship network from which derives his or her primary identity. "It is often said that every Nuu-chah-nulth person is related to every other and in most cases when two people meet the basis of that relationship can be identified over several generations."

In *Breaking Free, A Proposal for Change to Aboriginal Family Violence*, the Ontario Native Women's Association explains:

> *The importance of the extended family means that we do not see the batterer as responsible to find his own help or on his own. We see family violence holistically as a community problem which requires healing of all members of the family.*

A holistic approach integrates all aspects of health: physical, spiritual, mental and emotional. The approach also envisages:

- *the individual in context of the family*
- *the family in context of the community*
- *the community in context of larger society*
- *the impact of socio-economic problems such as poverty, unemployment, welfare dependence and poor housing on mental well-being.*

– **Agenda for First Nations and Inuit Mental Health, 1991**

The Hey-way'-noqu' Healing Circle for Additions Society states, "All elements, family, individual and community, interact and affect one another and influence the outcomes of treatment." (Presentation to Family Violence Task Force, 1991). A holistic approach is a "world view" which looks at healing comprehensively.

Another way of looking at the community aspect of family violence is that the treatment of family members reflects the treatment of the community at large. Throughout history aboriginal people collectively and as individuals have faced many effects of colonization which are rooted in the structures of society. Therefore, there is recognition of a need to deal with these larger problems in order to deal with any social issue:

> *Unless we settle the lands claim issues, address poverty, social and cultural and environmental problems, cut the strings of government dependency and allow for true equality, you'll simply continue to provide expensive band-aid answers.*
> – "Native Health," Report, *Closer to Home,* B.C. Royal Commission on Health Care and Costs

The extended family, a holistic approach, the cultural and other diversities of communities, and First Nations' aboriginal and treaty rights, means that family violence issues are generally approached or viewed from a different base than that of mainstream society.

This does not mean that aboriginal women do not have unique issues, or that their pain is minimized. According to the Ontario Native Women's Association report:

> *In the past, Aboriginal women's needs in the family violence area have been poorly served by non-aboriginal studies. Either our interests have been lumped-in with 'ethnic minorities,' misunderstood or ignored.*

In this report issues impacting on aboriginal women are addressed.

H. Gaps, Obstacles and Issues in Programs and Services

Accessing Mainstream Services

The use of mainstream services by aboriginal people in regard to dealing with family violence, or in using legal and other societal systems, has

several barriers. One problem, especially for northern and isolated communities, is that members may have to leave the reserve and travel long distances to obtain many of the services they seek. For example, regarding services for youth in treatment and detox:

> *The only treatment facility for Native youth in the province is Peak House in Vancouver, which targets highly motivated youth and their families, thereby restricting its service delivery*
> – "Native Health," Report, B.C. Royal Commission on Health Care and Costs

Even if services are physically accessible, there are issues such as:

- racism
- fear of loosing one's children
- fear of being re-victimized by the institutions
- feeling of not being understood
- needs not being met (eg., services, for example, not being family focused or relevant in other cultural ways)
- lack of resources to afford adequate treatment or support services
- lack of adequate follow-up and support for victims and offenders
- fragmentation of services (isolation of various needs or problems)
- ineffective communication (eg., one-sided exchange; inequities in relationships between the worker and the individual and not feeling there is an appropriate forum to deal with concerns)
- jurisdictional disputes between the federal and provincial government which lead to people falling between the 'cracks.' For example, aboriginal people with status and who live on reserve cannot access provincial subsidized daycare. People without status cannot access federal services such as non-insured medical benefits.

Dealing with individual and family needs in family violence matters are hampered in a significant way by these barriers.

Community Approaches to Family Violence

Communities, whether they are in urban or rural areas or located on

reserves, have their own priorities in defining the issues that need to be addressed. Some communities are actively working toward community development – taking a comprehensive approach to control over their lives.

Presently, there is a continuum of services ranging from aboriginal specific programs such as community health workers, child welfare protocols and agreements, Friendship Centres, – to utilization of existing mainstream systems involving, for example, child welfare and court and other legal services. Conceivably, now and in the future there will be a variety of service delivery models that meet the circumstances and priorities of the communities.

Problems that have been raised with respect to aboriginal communities developing their own approaches include the following:

1. Lack of Resources

There is an indisputable lack of financial resources for community services or approaches to family violence issues. The types of aboriginal specific services and resources listed by communities and service organizations as necessary to either enhance or create include, but are not restricted to:

- educational and awareness programs;
- human resource training;
- crisis intervention;
- sexual abuse counselling;
- victim assistance;
- transition houses;
- safe homes;
- second-stage shelters;
- adequate housing;
- family counselling;
- family workers;
- mental health services;
- health workers and services;
- treatment and addictions recovery centres for women, children, youth, family, men, and elders;
- detox units;
- alcohol and drug counselling services;
- residential treatment programs;
- child welfare programs;
- youth services and facilities;
- men's prevention and treatment programs;

- homecare workers;
- community justice and legal services;
- day care services;
- parenting and related personal development courses; and
- support through educational processes (scholarships, financial incentives)

The lack of resources is a critical issue. For isolated communities such as Dease Lake, the problem can be profound:

> *. . . the situation in Dease Lake is appalling . . . No A.A., no Social Services, no Drug and Alcohol Counsellor . . . A psychologist comes every six weeks . . . There is a great need for family counselling to deal with isolation, depression, family violence, drug and alcohol abuse.*
> – Submission to B.C. Royal Commission on Health Care and Costs

2. Jurisdictional Issues

Just as aboriginal individuals experience jurisdictional barriers in accessing services, communities are often faced with similar barriers in developing programs or services.

One example, identified by a Steering Committee on First Nations and Inuit Mental Health, Health and Welfare, 1991, involves problems arising from the lack of policy and mandate for First Nations mental health. The lack of policy and mandate has resulted in mental health "falling between the jurisdictional cracks, and consequent delivery of a fragmented and sporadic service."

3. Government Driven Programs

Aboriginal people have continually cited the problems with government systems, programs and general policies not being flexible to allow communities to plan and implement their own approaches to solutions – in other words, methods being community driven instead of government driven. One presenter explained the problem of unsuccessfully attempting to obtain funding for a men's prevention program which was outside of addictions or criminal justice programs. "Community involvement on policy and guidelines for proposals" is listed as an important ingredient for a coordinated approach to family violence at the local level (Mid-Island Tribal Council, submission to the Task Force on Family Violence).

The Agenda for Mental Health, Health and Welfare Canada, states the need for program principles which reflect concepts of programs being community controlled, community specific, and community paced. The Carrier Sekani Tribal Council, Northern Native Family Services, summarizes that "If we are to achieve health communities we must be able to plan from the community" (Submission to B.C. Royal Commission on Health Care and Costs).

Other identified issues include a fragmented funding system which attempts to direct communities to deal with "pieces" of the problem.

> *(A) great deal of energy is expended trying to meet the requirement of a multitude of agencies for proposals, reports, and evaluations to meet their specific goals, rather than in actually delivering the services.*
> – Nuu-chah-nulth Health Board, submission to B.C. Royal Commission on Health Care and Costs

A related issue is that the smaller communities or organizations with less financial and human resources find it difficult to compete for various funding. Valuable time and talent is spent trying to deal with the system instead of doing the development work necessary. The communities or groups with less resources, and therefore arguably in need of services the most, may not be as successful.

Improving program principles to reflect greater community control may be an effective short-term approach. However, there also needs to be continued recognition of aboriginal title and the inherent right to self-government.

4. Human Resource Development

Training and education for the development of human resources is a major theme for many First Nation peoples. Development of human resources is essential to development of the community and meeting aspirations of self-determination.

Aboriginal people refer to the need for more formal training in the professional fields. Self-governing communities require the development of expertise now and in the future. It is important to recognize the strengths in the communities, and to build on those strengths.

The report by the Sexual Abuse Interventions Program (Native Focus Group, 1990), lists many of the issues associated with training. "Lack of

training, lack of funding for training, lack of funding for filling in positions while workers are being trained, and lack of knowledge of existing Native-focused training programs all contribute to the inadequacy of current services." The report lists 19 recommendations on training issues alone.

Education in the schools is also targeted as an important area for personal and community growth. Raising awareness of family violence and avenues of combating this issue can be accomplished through a multitude of forums, including: education systems, life skill programs, parenting programs, anger management, and media campaigns. "What is working is the start of education of families and counsellors" (Mid-Island Tribal Council – Submission to the Task Force on Family Violence).

In an opinion of one aboriginal service provider, more aboriginal people have to develop approaches, systems, or solutions, to the problems. Clearly, communities and organizations are doing work in these areas. However, there is a need for more advisory, information sharing and consultative services, which are aboriginal specific and not government controlled.

Intertwined throughout human resource development are the needs that affect individuals and members of a community such as the need for healing, and adequate basic services and supports.

Summary of Gaps, Obstacles and Issues

To allow communities and individuals to deal with family violence it is important to pay attention to: resources, economic and community development, healing, jurisdictional issues, training, education and human resource development, and the need to recognize community control in making decisions over processes or problems affecting members.

The Province has recognized the importance of interim measures while treaty negotiations, which is inclusive of the larger picture, take place. These involve practical initiatives "that can be undertaken to improve social services . . . to expand economic opportunities . . . and to address other issues of pressing concern to First Nations communities" ("Notes for Remarks to the Summit Meeting," Provincial Response to the B.C. Claims Task Force, Hon. Andrew Petter, December 10, 1991).

I. Aboriginal Women

> *Aboriginal women and their children suffer tremendously as victims in contemporary society. They are victims of racism, of sexism and of unconscionable levels of domestic violence. The justice system has done little to protect them from any of these assaults.*
> – The Report of the Aboriginal Justice Inquiry of Manitoba 1991

Aboriginal people explain that in traditional societies aboriginal women and children were not degraded or abused. The introduction of Canadian laws, such as the infamous s.12(1)(b) of the *Indian Act,* which had discriminatory application to aboriginal women and their children, are argued to contribute to undermining the position of aboriginal women. The revised registration section is still seen as discriminating against women and their children and individuals in various circumstances (e.g. Metis).

Some studies note that problems with family roles are due to changes or removal of economic bases, loss or erosion of tradition, and impacts on families from the social conditions of many communities. It is difficult to generalize to all families and communities about the nature or extent of sexism. In some families or communities, this may not be an issue. An article quoting Chief Wendy Grant of the Musqueam Band, for example, speaks on this point and the difficulties with viewing roles from an ethnocentric perspective ("Hollywood Image Paints Wrong Picture," *Burnaby Now,* 1991).

While blanket generalizations may not be appropriate, the fact that wife assault is characterized at higher disproportionate rates within aboriginal communities is a major concern.

Issues

In remote and rural communities aboriginal women in abusive situations face particular difficulty.

> *Battering and other abuses are forms of isolation; . . . a double isolation occurs because of the geographical isolation of many communities . . .*
> – "A Silence Broken," *Rencontre* Vol. 12, 1991).

The women may have to leave their community (family and friends), or stay within the abusive environment. If they enter the cities, the issues of employment, education, housing, day care, and other support services

become more critical. In 1985, the median income for aboriginal women living off reserve was $7,200.00, while for Canadian women overall, the figure was $10,800.00 ("Canada's Off-Reserve Population," *Canadian Social Trends,* 1991). Limited resources of aboriginal organizations, and various constraints and problems with mainstream services, means that needs are not always met.

At a Wife Assault Conference in 1991 dealing with aboriginal people, participants identified the following as barriers to receiving protection from the justice system and other relevant intervention services;

- Victim blaming by police, frontline and community workers including native organizations, band offices, tribal councils, M.S.S.H., courts and community/individuals;

- Lack of support services, including treatment centres and transition houses;

- . . . Past and present experiences with racism within the institutions including M.S.S.H., police courts, Native and non-Native organizations;

- Reluctance to charge abusers due to "the treatment of violence the men experience within our institutions. This leads to further violence. . . ("Strengthening the Circle," submission to the Task Force on Family Violence, 1991, Freda Ens).

Other issues may include fear of apprehension of children, and fear of losing control or becoming more powerless in the processes of intervention.

> *Fear of child welfare authorities snatching children away, as was largely practised in native communities in the 1950's and 1960's, is a memory many still live with. For that reason, abuse or any other difficulties being experienced in the family may be hidden at great lengths*
> – "A Silence Broken," *Rencontre,* Vol. 13, 1991

The majority of the Wife Assault Conference participants recommended that women be encouraged to charge their assailants and that issues identified above be addressed. There was also recommendations on mandatory counselling as part of the sentence and culturally appropriate programs and treatment centres for men.

Other issues have been identified which affect women in abusive relationships. For example, the application of laws not of aboriginal

peoples own making have left a potential for "gaps" with respect to the division of matrimonial property on reserve or obtaining an order for temporary occupancy of the home.

It is argued that it is most often men who have certificates of possession to the home, and therefore, it is most often women who ". . . have no legal protection of their interests in the matrimonial home" (*Breaking Free*, Ontario Native Women's Association, 1991).

Some communities may have their own practices or customs which deal with such family property matters. While the issue is raised, it is not clear for the purpose of this report the extent to which this problem exists for aboriginal women and their children.

Another issue affecting aboriginal women is that they are over-represented in prisons at even higher rates than aboriginal males (Manitoba Justice Inquiry). The Inquiry states that this over-representation can be traced in part to the victimization that aboriginal women experience. The report quotes one of the women: "There is no accidental relationship between our convictions of violent offences and our histories as victims. As victims we carry the burden of our memories . . ."

Solutions

Some solutions posed regarding aboriginal women and children include greater enforcement of the wife assault policy and subsequent use of the criminal justice system; alternative approaches to the justice system (based on traditional values); greater number of transition houses, second stage housing and safe homes; greater accessibility to counselling both in communities and within mainstream services; enhanced or holistic support services throughout the justice system; increased access to legal aid; cross-cultural training of justice personnel; awareness and education campaigns; development of wife assault intervention models; men's prevention programs; family counselling and mental health teams.

Some communities are involved in some of these approaches already; some may want to develop other or a combination of approaches, and some may just want to use existing services. There is no "one" solution that will fit the needs of all aboriginal communities or women of these communities in the province. Solutions developed by the participants at the Wife Assault Conference may work for them, but perhaps not for all communities. If solutions are going to work, they have to be made by, and within, the community, however that community may be defined.

One issue that is raised is fear that community control and development over programs and services means that "individual choices" will be restricted – that women will not be able to use existing mainstream services. However, the purpose of community control, or self-government, is to create greater choices and self-determination, and not to restrict people in their lives.

Fundamentally, there is fear that women's voices will not be heard in the community development or self-government approaches. Some women and children are afraid to speak out about their abuse, particularly if it involves a prominent family or community member. For example, the survey by Helping Spirit Lodge indicates that 67% of the respondents state that people are discouraged from receiving medical treatment because of reprisals from the abuser or the abuser's family.

The argument is that communities have been influenced by Euro-Canadian patriarchal values and that these values might be transferred into self-governing structures. There has been recent debate that self-government should be made subject to the Canadian Charter of Rights and Freedoms.

History has shown that the subjugation of aboriginal people to laws, policies and systems, has seriously impacted on their families and communities. In fact, this subjugation is reflected in the structures aboriginal people are now struggling with. Existing services and systems have failed which has been well documented by the statistics reflecting some measure of the pain of aboriginal peoples' lives.

Many aboriginal people strongly believe that solutions to these issues must be made by communities themselves.

The report does not contain all of the questions nor solutions. Some comments that have been expressed include First Nation, Provincial and Federal Governments taking family violence more seriously, which includes more aboriginal leaders taking responsibility for these issues. There is also an expressed concern for more community education and awareness, promoting the position of women through many forums such as increased day care, adequate housing, education and training, economic development, and for First Nations articulating a process which blends traditions with the modern systems in dealing with family issues. There has also been a recommendation that aboriginal women be encouraged to discuss their concerns and resolutions at the community level.

SUMMARY

Family violence affects whole communities, and it is a serious problem for First Nations' people. The family is the basis of the community. Violence in the family is one symptom of a larger problem involving the placement of aboriginal people in the political, economic and social structures.

Solutions involve correcting the existing imbalances and recognizing First Nations' aspirations to local control. There is also extensive need for healing to grieve collective and individual losses. Holistic approaches are emphasized which deal with all aspects of spiritual, emotional, mental and physical needs regarding the individual, family, and community.

Aboriginal women face discrimination as women and as persons of First Nations' origin. There needs to be discussion on how to ensure that their voices are heard. There is a need for structural changes so that First Nations, all individual community members – women, men, children, youth and the elderly, are empowered to make decisions regarding the direction and quality of their lives.

RECOMMENDATIONS

I. Statement of Principle

Aboriginal people have aboriginal and treaty rights, recognized and affirmed by section 35(1) of the *Constitution Act, 1982*. The province has recently recognized the political legitimacy of aboriginal title and an inherent right to self-government. Initiatives and processes of consultation must support principles of community control.

1.1 Substantially increased financial resources should be allocated to enhance and create aboriginal-specific programs and services both off and on reserves, related to all socio-economic, health, educational, and justice areas of family violence. The allocation should reflect the disproportionate rate of social problems faced by aboriginal communities.

1.2 The funding mechanism and program and policy priorities must reflect the input and priorities of aboriginal people and be flexible to accommodate and promote community control. The process for obtaining input and priorities should be developed in consultation with aboriginal leaders representing communities both on and off reserves, including Metis, aboriginal women's groups, and those working with elders, children, youth and the disabled.

The Ministry of Aboriginal Affairs should take the lead role in coordinating the process for obtaining input on priorities and the funding mechanism (method of program delivery). The consultation process should reflect principles of community control.

2. In order to improve the opportunity for aboriginal people to create solutions to social and health related problems, Provincial policies and programs should allow for aboriginal peoples' approaches to be community-controlled. Program and policy criteria must be flexible to reflect aboriginal peoples' aspirations.

II. Statement of Principle

Recognizing that aboriginal women face discrimination in terms of their gender and origin as First Nation peoples in dominant society and societal institutions, and that colonization practices have had some impact on traditional roles regarding the position of women and children within some communities, consideration should be given to issues of empowerment for aboriginal women and children.

1. Aboriginal women should be provided with an opportunity at the community level to discuss issues of importance including a course for resolutions, relating to family violence and empowerment.

The Ministry of Aboriginal Affairs and Ministry of Women's Equality should consult with aboriginal women's groups regarding the process for establishing meaningful dialogue. The process of consultation should reflect principles of community control.

III. Statement of Principle

The Province should promote accessibility and responsiveness of existing mainstream services, programs and societal systems, related to socio-economic, health, and justice and family violence issues, to aboriginal individuals and communities.

1. The Province should continue to provide, and further promote, opportunities for cross-cultural awareness training initiatives. The process of targeting, developing, and implementing/delivering the training, should be developed through planning with representative aboriginal leaders, including those on and off reserves. This planning process should reflect principles of control by communities.

Other strategies for promoting accessibility to, and responsiveness of, mainstream services, programs and systems, such as issues of fragmentation and coordination, should be discussed and developed with representative community leaders. The Ministry of Aboriginal Affairs should take a lead role in coordinating this process.

IV. Statement of Principle

Recognizing the complexity of the issues of family violence and the importance of prevention and education, increased efforts must be made in these areas.

1. The Province, through the Ministry of Education, should implement an educational curriculum relating to family violence issues which reflects aboriginal-specific content, and allows for community control over the process of development, implementation, and evaluation, by aboriginal leaders and educators.

2. Provincial awareness campaigns on issues of family violence should be promoted. The Ministry of Aboriginal Affairs should take the lead role in coordinating efforts with other relevant Ministries to develop a process where aboriginal communities, on and off reserves, are involved in planning and implementing strategies in this field. The communities' ability to have meaningful control over the development and implementation of the process should be respected and promoted.

3. In consultation with aboriginal people, training, or skill and knowledge development needs, should be actively promoted and supported. The consultation process should reflect principles of community control.

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